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Time: 1:45pm
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Attn: Joseph S. Machuga
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P.O. Box 1450
Alexandria, VA 22313-1450
FAX NUMBER 703-872-9306FROM: Timothy B. CliseOUR REF: 279.373US1TELEPHONE: 703-305-6184

* Please deliver to Examiner Joseph S. Machuga in Art Unit 3762. *

Document(s) Transmitted: Supplemental Information Disclosure Statement (2 pgs.), Form 1449 (1 pg.).

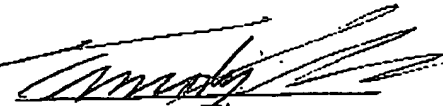
Total pages of this transmission, including cover letter: 4 pgs.

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In re. Patent Application of: Julio C. Spinelli et alExaminer: Joseph S. MachugaSerial No.: 10/008,354Group Art Unit: 3762Filed: November 7, 2001Docket No.: 279.373US1Title: CENTRALIZED MANAGEMENT SYSTEM FOR PROGRAMMABLE MEDICAL DEVICES

Please charge any additional fees or credit overpayment to Deposit Account No. 19-0743.

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By: 
Name: Timothy B. Clise
Reg. No.: 46,957

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MAR 25 2005

S/N 10/008,354PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Julio C. Spinelli et al.	Examiner:	Joseph S. Machuga
Serial No.:	10/008,354	Group Art Unit:	3762
Filed:	November 07, 2001	Docket:	279,373US1
Title:	CENTRALIZED MANAGEMENT SYSTEM FOR PROGRAMMABLE MEDICAL DEVICES		

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. § 1.97(c)(2), Applicants request that the fee of \$180.00 as set forth in 37 C.F.R. § 1.17(p) be charged to Deposit Account No. 19-0743. Please charge any additional fees or credit any overpayment to Deposit Account No. 19-0743.

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Serial No :10/008,354

Filing Date: November 07, 2001

Title: CENTRALIZED MANAGEMENT SYSTEM FOR PROGRAMMABLE MEDICAL DEVICES

Page 2

Dkt: 279.373US1

Pursuant to 37 C.F.R. 1.98(a)(2), Applicant believes that copies of cited U.S. Patents and Published Applications are no longer required to be provided to the Office. Notification of this change was provided in the United States Patent and Trademark Office OG Notices dated October 12, 2004. Thus, Applicant has not included copies of any US Patents or Published Applications cited with this submission. Should the Office require copies to be provided, Applicant respectfully requests that notice of such requirement be directed to Applicant's below-signed representative. Applicant acknowledges the requirement to submit copies of foreign patent documents and non-patent literature in accordance with 37 C.F.R. 1.98(a)(2).

Respectfully submitted,

JULIO C. SPINELLI ET AL.

By their Representatives,

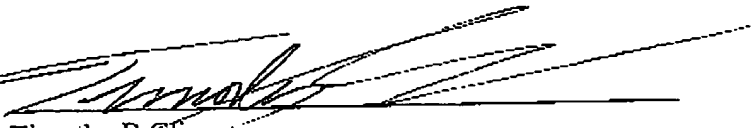
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**INFORMATION DISCLOSURE
 STATEMENT BY APPLICANT**
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PTO/83900A(10-01)
 Approved for use through 10/31/2002. OMB 03-0001
 US Patent & Trademark Office U.S. Department of Commerce

Complete if Known	
Application Number	10/008,354
Filing Date	November 7, 2001
First Named Inventor	Spinelli, Julio
Group Art Unit	3762
Examiner Name	Machuga, Joseph
Attorney Docket No: 279.373US1	

Sheet 1 of 1

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Filing Date If Appropriate
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FOREIGN PATENT DOCUMENTS

Examiner Initials *	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	T ²
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OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ¹
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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not cited; is in conformance with MPEP 609. Draw too through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (apriori) 2 Applicant is to place a check mark here if English language Translation is attached

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